

ALL CLASSES OF INSURANCE EXCEPT OCEAN MARINE, LIFE, TITLE, AND HOME PROTECTION TAX RETURN

CDI FS-001 (REV 11/2004)

FOR CALENDAR YEAR 2004**TAX DUE DATE APRIL 1, 2005**

Name of Insurer		Fed Tax I.D. No.	
		CA Perm No.	
Mailing Address		EFT Taxpayer I.D. No.	
City, State, Zip		Method of Tax Payment	<input type="checkbox"/> No Payment
Telephone & Fax #			<input type="checkbox"/> Check
State of Domicile			<input type="checkbox"/> EFT

If New Company, check here ☐If Name Change, check here ☐If Final Return, check here ☐If Amended Return, check here ☐

and indicate the effective date of the final transaction.

and indicate the date when it was amended.

STATEMENT OF TAXABLE PREMIUMS AND TAXES DUE DURING CALENDAR YEAR 2004

Annual Tax	1. Net Taxable Premiums	1.
	2. Tax Rate	2. 2.35%
	3. 2004 Annual Tax	3.
Credits & Prepayments	4. Low Income Housing Credit	4.
	5. COIN Credit	5.
	6. Pilot Project Credit	6.
	7. Prepayments Made During the Reporting Year of 2004	
	a. Overpayment applied from prior year	
	b. First Quarter (Balance paid)	
	c. Second Quarter	
	d. Third Quarter	
e. Fourth Quarter		
f. Total Prepayments	7f.	
8. Total Credits & Prepayments Made	8.	
Tax Due	9. 2004 Tax Due - If Line 3 is greater than Line 8	9.
Tax Overpayment	10. 2004 Tax Overpayment- If Line 8 is greater than Line 3 The tax overpayment (line 10) may be applied to the 2005 first quarter prepayment and the 2004 retaliatory tax. A Refund SHALL NOT be applied to the 2005 second quarter prepayment or any future tax payment.	10.
1st Quarter Prepayment	11. 2005 First Quarter Prepayment	11.
	a. 2004 Tax Overpayment applied to the 1st Quarter Prepayment	a.
	b. 2005 First Quarter Prepayment Balance Due	11b.
Retaliatory Tax	12. 2004 Retaliatory Tax	12.
	a. 2004 Tax Overpayment applied to the Retaliatory Tax	a.
	b. 2004 Retaliatory Tax Balance Due	12b.
Tax Refund	13. Tax Refund	13.

CDI use only**TAX
PAYMENTS
DUE
APRIL 1, 2005**

Line 9 2004 Tax Due

Line 11b 2005 First Quarter Prepayment Balance Due

Line 12b 2004 Retaliatory Tax Balance Due

Each Payment must be paid separately and should
NOT be combined to make one lump sum payment

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DECLARATION OF INSURER

This return must be signed by an Executive Officer, United States Manager, or Manager residing within California, pursuant to California Revenue and Taxation Code Section 12303.

I, _____, _____
Type or print Name Type or print Title

of _____,
Type or print Name of Company

hereby declare under penalty of perjury that this return (including the accompanying schedules and statements) has been examined by me and is a true, correct, and complete return.

Signature _____ Date _____ City _____ State _____

SPACE FOR NOTARY

State of _____ County of _____

On this _____ day of _____ 20 ____ before me personally appeared _____

who is personally known to me as the _____ of _____

and who has taken an oath that the foregoing is true, correct and complete.

Seal:

Print or type Name and sign above the line

Contact person for this tax return:

Name: _____ Title: _____
Type or Print

Address if different from Page 1

Mailing Address _____

Phone: _____

City, State, Zip _____

Fax number of
Contact Person: _____

E-Mail _____

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SCHEDULE A

1. Direct Premiums Written (Sch. T, Line 5, Col. 2) 1. _____
2. ADD 2. _____
 - 2.1 Finance and service charges not included in premiums 2.1 _____
 - 2.2 Administrative and/or service fees received 2.2 _____
 - 2.3 Installment Fees 2.3 _____
 - 2.4 California Fair Plan (If not in Line 1) 2.4 _____
 - 2.5 Bail Premiums and other charges from Schedule B 2.5 _____
Surety Insurers Only who transact Bail Bonds.
 - 2.6 Premiums from foreign states & alien countries where company is not licensed* 2.6 _____
 - 2.7 Retrospective premiums 2.7 _____
 - 2.8 Total Gross Direct Premiums 2.8 _____
3. DEDUCT 3. _____
 - 3.1 Dividends paid or credited to policyholders on direct business 3.1 _____
 - 3.2 Ocean Marine premiums net of pleasure boat premiums 3.2 _____
 - 3.3 Return Premiums (R&T Code Section 12221) 3.3 _____
IF NOT previously deducted from amount on Sch T, Line 5, Col. 2
 - 3.4 Federal Employees Health Benefits Program Premiums 3.4 _____
 - 3.5 Total Deductions 3.5 _____
4. Net taxable premiums. Deduct Line 3.5 from Line 2.8 4. _____
Forward to Page 1, Line 1.

Pilot Project Insurance Tax Credit (R&T Code Section 12208) _____

Ocean Marine Insurers ONLY:

- 5.a Did you assume California OM Premiums during the reporting year? Yes/No
If Yes, report premium volume here _____
- 5.b Did you cede California OM Premiums during the reporting year? Yes/No
If Yes, report premium volume here _____

*California Domiciled Insurers ONLY.

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SCHEDULE B - To be completed ONLY by Surety insurer who undertakes bail bonds.

(All other insurers mark this page as None and go to next page)

1. Total FACE AMOUNT (Penal Amount) of undertakings executed in California 1.

2. To calculate taxable bail bond premiums.
 - 2.1 Total Bail Bond Premiums received by the company and all its representatives in California* 2.1
 - 2.2 All fees/charges paid or on behalf of the defendant that is NOT included on Line 2.1. 2.2
 - 2.3 Reimbursable out-of-pocket expense Included in Lines 2.1 or 2.2.** 2.3
 - 2.4 Total Taxable Bail Premiums Sum of Lines 2.1 and 2.2 less Line 2.3 2.4

3. To determine the amount of bail bond premium not include on the State Page.
 - 3.1 Amount shown on Line 24, Column 1 of Annual Statement State Page 3.1
 - 3.2 Other Surety Premiums included on Line 24, Column 1 of Annual Statement State Page 3.2
 - 3.3 Amount of Bail Premiums included on Line 24, Column 1 of the Annual Statement State Page (Line 3.1 less Line 3.2) 3.3

4. Net Taxable Bail Premiums and other charges not included on Line 24, Column 1 of the Annual Statement State Page. (Line 2.4 less Line 3.3) 4.
Record result on Line 2.5 of Schedule A of the tax return.

*Please provide a copy of the rates charged if more than one rate is used.

** Please study Bulletin No. 137. Provide a list of non-taxable reimbursable out of pocket expenses, if any, shown on Line 2.3.

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SCHEDULE C -- Retaliatory Tax Return**ONLY FOREIGN AND ALIEN INSURANCE COMPANIES ARE TO COMPLETE THIS SCHEDULE**

ALL INSURERS NOT DOMICILED IN CALIFORNIA MUST COMPLETE THIS SCHEDULE.

Part I. State of Domicile Tax on California Insurer

1.

1.1	Gross Premiums	1.1	_____	
1.2	Allowable Deductions	1.2	_____	
1.3	Net Taxable Premiums	1.3	_____	
1.4	Tax Rate of State of Domicile	1.4	_____	
1.5	Amount of Tax	1.5	_____	
1.6	Fire Department Tax (Please provide support)	1.6	_____	
1.7	Fire Marshall Tax (Please provide support)	1.7	_____	
1.8	Annual Statement Fee in State of Domicile	1.8	_____	
1.9	Certificate of Authority in State of Domicile	1.9	_____	
1.10	Certification Fee in State of Domicile	1.10	_____	
1.11	Agent License Fees (State No. of Agents x fee)	1.11	_____	
1.12	Record the Ocean Marine Tax as paid in State of Domicile	1.12	_____	
1.13	Franchise Tax/Municipal Tax as paid in State of Domicile	1.13	_____	
1.14	Fraud Bureau Assessment	1.14	_____	

2. **Total State of Domicile Aggregate Imposition**

2. _____

Part II: California Tax on Foreign/Alien Insurer

1.	Premium Tax from Page 1, Line 3	1.	_____
2.	Annual Statement Fee in the amount of \$356. Credit permitted if paid.	2.	_____
3.	Certificate of Authority Fee in the amount of \$360. Credit permitted if paid.	3.	_____
4.	Bureau of Fraudulent Claim Assessment in the amount of \$1300. Credit permitted if paid.	4.	_____
5.	Other taxes and fees (Be Specific)		
5.1	Agents license fees (State No. of Agents x fee)	5.1	_____
5.2	Ocean Marine Tax	5.2	_____
6.	Total California Aggregate Imposition	6.	_____

7. 2004 Retaliatory Tax

7. _____

If amount on Part II, Line 6 is greater than Part I Line 2,
enter zero on Line 7.If amount on Part I, Line 2 is greater than Part II, Line 6,
enter difference between the amounts on Line 7.**Enter result of Line 7 calculation on Page 1, Line 12.**

Attach a copy of the State of Domicile Retaliatory Tax Return.

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SCHEDULE RRG -- Retaliatory Tax Return**ONLY RISK RETENTION GROUPS ARE TO COMPLETE THIS SCHEDULE**ALL RRG's **NOT** DOMICILED IN CALIFORNIA MUST COMPLETE THIS SCHEDULE.**Part I. State of Domicile Tax on California RRG**

1.

1.1	Gross Premiums	1.1	_____	
1.2	Allowable Deductions	1.2	_____	
1.3	Net Taxable Premiums	1.3	_____	
1.4	Tax Rate of State of Domicile	1.4	_____	
1.5	Amount of Tax	1.5	_____	
1.6	Fire Department Tax (Please provide support)	1.6	_____	
1.7	Fire Marshall Tax (Please provide support)	1.7	_____	
1.8	Registration Fee in State of Domicile	1.8	_____	
1.9	Agent License Fees (State No. of Agents x fee)	1.9	_____	

2. Total State of Domicile Aggregate Imposition

2. _____

Part II: California Tax on Foreign/Alien RRG

1.	Premium Tax from Page 1, Line 3	1.	_____
2.	Registration Fee in the amount of \$300. Credit permitted if paid.	2.	_____
3.	Agents license fees (State No. of Agents x Fee)	3.	_____
4.	Total California Aggregate Imposition	4.	_____

5. 2004 Retaliatory Tax

5. _____

If amount on Part II, Line 4 is greater than Part I Line 2,
enter zero on Line 5.

If amount on Part I, Line 2 is greater than Part II, Line 4,
enter difference between the amounts on Line 5.

Enter result of Line 5 calculation on Page 1, Line 12.

Attach a copy of the State of Domicile Retaliatory Tax Return.